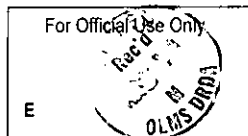


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.



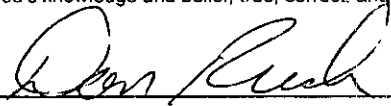
READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 12560	2. Fiscal Year Covered From 1 / 1 / 2004 Through: 12 / 31 / 2004
3. Name and address of person filing. Name Don A Rush P.O. Box, Bldg., Room No., if any Street 911 20th Street City Bakersfield State California ZIP Code + 4 93301	4. Name, file number, and address of labor organization. Name Int'l Brotherhood of Electrical Workers LU 428 Labor Organization File Number 034-225 P.O. Box, Building and Room Number, if any Street 911 20th Street City Bakersfield State California ZIP Code + 4 93301
5. Position in labor organization. Trustee	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed 	On 08/15/2005	661-323-2979
	Date	Telephone Number

Name of Person Filing Don Rush	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name Construction Benefits Administration, Inc.</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any Suite 100</p> <p>Street 3008 Sillect Avenue</p> <p>City Bakersfield</p> <p>State California ZIP Code + 4 93308</p>	<p>9. Business deals with:</p> <p style="padding-left: 40px;">a. Labor Organization</p> <p style="padding-left: 40px;"><input checked="" type="checkbox"/> b. Trust</p> <p style="padding-left: 40px;">c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name Kern Co. Electrical, Health, Training Trusts</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any Suite 100</p> <p>Street 3008 Sillect Avenue</p> <p>City Bakersfield</p> <p>State California ZIP Code + 4 93308</p>	<p>11.a. Nature of such dealing.</p> <p>Trustee</p>
	<p>11.b. Approximate dollar value of such dealing.</p>
	<p>12.a. Nature of interest held or income received.</p> <p>Reimbursement for expenses:</p> <p>1. Employee Benefits Conference, New Orleans, December 2004, \$3883.66</p>
	<p>12.b. Amount. \$3,884</p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14.a. Nature of payment.</p>
<p>13.b. Is the Business an Employer or Consultant ?</p>	<p>14.b. Amount of payment.</p>

Name of Person Filing Don Rush

File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Sierra Investment Partners, Inc.

Trade Name, if any:

P.O. Box, Bldg., Room No., if any Suite 300

Street 101 Ygnacio Valley Road

City Walnut Creek

State California ZIP Code + 4 94596-4061

9. Business deals with:

a. Labor Organization

☒ b. Trust

c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Kern Co. Electrical, Health, Training Trusts

Trade Name, if any:

P.O. Box, Bldg., Room No., if any Suite 100

Street 3008 Sillect Avenue

City Bakersfield

State California ZIP Code + 4 93308

11.a. Nature of such dealing.

Trustee

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

Complimentary Gifts (approximate value)

1. Bottle of Wine, (\$35), Xmas 2004

12.b. Amount.

\$35